

## **BENEFITS OVERVIEW**

2019/2020

POLICE

				PULI	<u></u>
	INSURA	NCE			
	WVC Costs	E	mployee Costs	S	
MEDICAL - SELECT HEALTH	Costs based on per pay peri			ates	
		MED +	VALUE	CARE +	
Single	\$210.52	\$52.63	\$57.93	\$72.43	
2 Party	\$451.16	\$112.79	\$124.19	\$155.74	
Family	\$607.28	\$151.82	\$166.97	\$209.77	
DENTAL - EDUCATORS MUTUAL INSU	RANCE (EMI)				
Single	\$21.96		\$5.49		
2 Party	\$27.84		\$6.96		
Family	\$40.80		\$10.22		
	LIFE INSUF	RANCE			
TERM LIFE INSURANCE					
City benefit per month		Additional Coverage Available			
\$4.08 Employee \$30,000	Up to \$500,000				
\$0.46	Up to \$500,000 Up to\$15,000				
ACCIDENTAL DEATH & DISMEMBERMENT	,00		op (0,13,000		
\$1.84 Employee \$50,000			vidual & Family	/ Coverage	
Additional Coverage		-	demnity and		
A	ccident Medical				
Hirad DEEODE 7 /1 /11	RETIREM	/IEN [			
Hired BEFORE 7/1/11 Non-Contributory	32.28%				
Hired AFTER 7/1/11		Pension	401k%	(UAAL)	
TIER II Defined Contribution	21.74%	0.00%	12.00%	9.74%	
TIER II Hybrid Retirement (DB)	21.74%	12.00%	0.74%	9.74%	
additional 2% with an option of a 2% WEST VALLEY CIT	-				
	PAID TIMI	E OFF			
Holiday Hours	110 hours give	en each Novem	per (pay period	24)	
PTO - Paid Time Off					
Off Probation - 80 ho	urs given each N	lovember (pay	period 24) PLU	IS	
4 hrs ppd 1 - 5 yrs					
5 hrs ppd after 5 yrs					
6 hrs ppd after 10 yrs					
7 hrs ppd after 15 yrs					
	8 hrs ppd after				
	ITIONAL CIT		S		
Employee Assis	stance Program	\$4.00			
,	Medicare	1.45%			
Workers	Compensation	1.28%			
,	LTD Jnemployment	0.07% 0.75%			
	Payroll Accrual	0.73%			